

EXHIBIT A

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): 440-2011-00629 <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
Illinois Department Of Human Rights and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) Mark A. Richardson		Home Phone (Incl. Area Code) (708) 953-4774	Date of Birth 12-19-1969
Street Address P.O. Box 97, Glenwood, IL 60425			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CHICAGO TRANSIT AUTHORITY		No. Employees, Members 500 or More	Phone No. (Include Area Code) (312) 664-7200
Street Address 567 W. Lake St., Chicago, IL 60661			
Name _____		No. Employees, Members _____	Phone No. (Include Area Code) _____
Street Address _____			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) _____		DATE(S) DISCRIMINATION TOOK PLACE Earliest _____ Latest 10-17-2010 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I have been employed by Respondent since August 15, 1999, as a Bus Operator. I was given a Special Assessment, which I passed and my doctor released me to return to work. Respondent denied my return to work.</p> <p>I believe I have been discriminated against because of my disability, in violation of the Americans with Disabilities Act of 1990, as amended.</p> <div style="text-align: right; margin-top: 20px;"> RECEIVED EEOC DEC 01 2010 CHICAGO DISTRICT OFFICE </div>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
x <u>11/25/10</u> <u>Mark A. Richardson</u> Date Charging Party Signature			